

REQUEST FOR REASONABLE ACCOMMODATION

			1. Date of request
2. Applicant or employee name	3. Telephone number	4. Applicant or employee e-mail address	5. Employee's office
6. Type of accommodation requested (<i>be specific</i>)			7. Reason for request

8. If accommodation is time sensitive, please explain:

This request form shall be given to your immediate supervisor and a copy sent to the Mission Area/Agency Disability Program Manager.
(*This form is necessary for record keeping purposes only and will not delay the processing of your initial request.*)

Sue Dixon
ARS, Civil Rights Staff
1400 Independence Ave., SW, Room 3552-South
Washington, DC 20250

9. Signature of Applicant or Employee

10. Date

REASONABLE ACCOMMODATION INFORMATION (*To Be Completed by Supervisor*)

1. Name of individual requesting accommodation		2. Office of the requesting individual	
3. Reasonable accommodation (<i>Check one</i>) <input type="checkbox"/> Approved <input type="checkbox"/> Denied (If denied, attach copy of the "Denial of Accommodation Request" form - Form REE-173)		4. Name of individual to whom request was made	
		4a. Position title	
5. Date accommodation was requested	6. Date accommodation was referred	7. Date accommodation was approved or denied	8. Date accommodation was provided

9. If time frames outlined in the reasonable accommodation procedures were not met, please explain why:

10. Job held or desired by individual requesting accommodation (<i>include occupation series, grade level and office</i>):	11. Type(s) of accommodation requested	12. Type(s) of accommodation provided
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13. Was medical information required to process this request? If yes, explain.

14. Cost of accommodation (<i>if any</i>)	15. Sources of technical assistance, if any, consulted (<i>Job Accommodation Network, family member, rehabilitation counselor, other</i>)		
16. Signature of Supervisor	17. Title		18. Date